

UPDATE: 18 November 2009

Infection reports show a slight decrease in percentage of H1N1 patients

During a conference call to California Congressional Staff today, Dr. Mark Horton, director of the California Department of Public Health, gave a status report on the H1N1 swine flu situation in the state that included one of the first bits of optimism since the pandemic got underway in April.

Though California is still one of 46 states reporting its status to the Centers for Disease Control and Prevention (CDC) as "widespread," the percentage of increase noted by a group of doctors throughout the state was down from 8 percent to 6 percent, causing Horton to wonder if the H1N1 numbers might be "beginning to plateau."

A network of doctors referred to as "sentinel physicians," has been reporting the percentage of patients they've been seeing who turn out to be H1N1 cases. Those numbers were less for the first time since swine flu cases were being tabulated in the state, Horton said.

Still, the state reported, effective today, that more than 5,380 H1N1 hospitalizations and 297 deaths have occurred in California since the outbreak.

On the vaccination front, Horton said 5 million doses either have been or are being distributed to Californians. Horton estimated about half of the 38 million Californians are considered at risk,

mostly youth, pregnant women and health care workers. Certain medical conditions put some older people at risk. Though Horton said the arrival of the H1N1 vaccine has been behind schedule, more is on the way.

On a related note, there is good news and bad news regarding the seasonal flu vaccine. The good news is that an estimated 100 million Americans have received seasonal flu shots -- a very high number, and the largest number ever vaccinated at this early juncture in the flu season. The bad news is there are only 18 million doses left to be distributed, and those are on back order, Horton said.

For more information visit www.cdph.ca.gov/data/statistics/Pages/H1N1FluData.aspx for California information and www.cdc.gov for flu information from the CDC.

To find a clinic dispensing H1N1 in the Sacramento area visit www.sacpublichealth.net/h1n1-clinic-schedule.

UPDATE: 12 November 2009

Availability of both the seasonal flu and H1N1 vaccines in the Sacramento area has been challenging over the past several weeks. To find a place to get a seasonal flu shot now visit <http://www.flucliniclocator.org>

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Note that several providers (drugstores and grocer stores) are temporarily out of them.

Below is information from the California Department of Public Health about flu this season in the state:

California

As of November 6, California has a reported **4,800** confirmed hospitalized H1N1 cases, with **266** deaths. While the number of illnesses is similar to what is experienced with seasonal influenza, a few key points must be noted:

- While none of us can predict the course of the H1N1 influenza outbreak, it has the potential to sicken millions of people in our state in the months ahead, with as many as 1 in 4 Californians getting the H1N1 flu. It continued to spread through the summer at a time when the flu usually subsides.
- As the fall has begun, H1N1 illnesses, hospitalizations and deaths are much higher than what we usually see at this time during a typical flu season. In addition, H1N1 is affecting healthy adults and children more severely than the seasonal flu, which tends cause the most serious illness and death in the elderly.

Vaccine Target Groups

To date, California has been allocated more than 3.5 million doses of H1N1 vaccine (both nasal and injectable) of the initial 6.25 million doses initially earmarked for California. For the entire flu season, California will be allotted up to approximately 20 million doses of H1N1 vaccine based on current federal projections of vaccine supply.

The federal Centers for Disease Control (CDC) indicates that target groups for H1N1 vaccine include the following populations:

- pregnant women
- persons who live with or provide care for infants aged less than 6 months (e.g., parents, siblings, and daycare providers)
- health-care and emergency medical services personnel
- persons aged 6 months through 24 years
- persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications.

Children ages 6 months through nine years should receive two doses of H1N1 flu vaccine. Persons 10 years of age and older should receive 1 dose.

Vaccination Ordering and Distribution:

During the summer, lists of principles for vaccination distribution were discussed with a planning group that included Local Health Departments (LHDs) during five separate calls prior to implementation. These principles utilized a high threshold number of doses that would be split proportionally by LHDs and would occur over 3-4 weeks time. LHDs would receive priority and could allocate to partners or redistribute.

CDPH instituted a provider vaccination ordering system (www.calpanflu.org) allowing counties private practitioners, community clinics and retail pharmacies including mass vaccinators such as Wal-Mart, Walgreens and other similar providers to first register to receive vaccines and;

second, to place orders for vaccination supplies. Nearly 13,000 providers signed up to receive vaccinations.

Initial doses of 2009 H1N1 “flu shot” were shipped the week of October 5th, with additional doses scheduled for shipment each week. California is not expected to receive the remainder of the initial 6.25 million doses until late November, putting distribution almost one month behind schedule. The delay and shortages in H1N1 vaccine production in combination with distribution methodologies that relied upon a pre-determined, larger vaccine supply have led to current short-term variances in the county to county distribution of H1N1 vaccine.

While distributing vaccine proportionally among the counties was a primary goal of the program, a decision was made with LHDs to honor orders ready to be processed when vaccine became available, even though that may result in temporary variances in distribution to counties.

CDPH has evaluated the initial distribution variances and has worked with LHDs to revise the current distribution system as outlined below.

Previous Distribution Delays

Until Friday, October 30, vaccinations were ordered by LHDs in one of two ways, either LHDs consolidated and ordered for all local health partners, or ordered separately from their partners. This was a decision made by the LHDs, and supported by CDPH, reflecting their own vaccination plans or county priorities. When vaccine was received and allocated based on a percentage sent to each county, some counties experienced a higher shipment, based on their plan to either vaccinate a larger portion of the population than others or to redistribute to other county partners. Counties that only ordered for their own use received a proportionally smaller shipment. In addition, local health clinics were given priority in vaccination allocations, and again, depending on the re-distribution method developed at the local level, some jurisdictions initially received more vaccines than others.

LHDs also agreed to allocate a percentage of vaccinations to Kaiser in order to accelerate the number of vaccinations being administered in counties. This is because Kaiser Permanente was determined to be:

- A source of significant vaccination for targeted populations, as high as 40 percent in some counties.
- The insurer of 15% of the California population.
- Had a high rate of seasonal vaccinations to their membership.
- Part of the most sophisticated vaccine safety network in the country.
- An efficient vaccinator that serves all target groups.

Updated Distribution System

In order to bring statewide geographic equity as soon as possible, CDPH will bring LHD's whose percentage of vaccine received to date is proportionally less than the average initial county allocation closer to anticipated levels by placing them first in line for the next doses of vaccine. All jurisdictions will begin receiving allocations after variations have been minimized and additional doses become available.

County Vaccine Allocations

CDPH will begin posting a county by county list of current vaccination distribution as soon as the information is compiled and finalized. This list will be updated weekly. The list will be sent to you by email, and thereafter can be accessed at www.cdph.ca.gov.

We will continue to closely monitor vaccine distribution and making adjustments as needed to ensure the most equitable process possible.

Seasonal Vaccine Delays

Unlike H1N1, seasonal vaccine is primarily ordered by private sector health care providers. About 10 percent of the state supply does get ordered by the State for local public health departments with another 2 to 3 percent is ordered through Vaccine For Children (VFC) programs (VFC is a federal program that the state administers provides vaccinations to providers at no cost – delivered to eligible children).

670,000 doses are on order this year for California's use. California is currently short approximately 25% of its seasonal flu order.

Please note that the H1N1 Hotline is still open. The number is 1-888-865-0564. Additional information can be found on the CDPH website at www.cdph.ca.gov

BACKGROUND

On top of the seasonal flu that strikes each year in the United States from fall through spring, there's an added influenza concern lurking on the radar of the nation's health care professionals: the new or novel H1N1 virus commonly referred to as swine flu.

The seasonal flu - which is different than the newest, latest strain of H1N1 - is deadly enough, claiming upwards of 36,000 lives each year in the United States. Most fatalities are age 65 and over, according to the federal Centers for Disease Control and Prevention in Atlanta (CDC). It's estimated California has about 4,000 seasonal flu deaths each year.

There are three strains of seasonal flu: **Influenza B H1N1, Influenza A H1N1 and Influenza A H3N2.**

You can be vaccinated for all three strains of seasonal flu now through your doctor's office. Or, seek out public health clinics or private providers, such as area Walgreens, some Raleys and Safeway stores (cost is around \$25).

Note:

some of these providers have run out of the seasonal flu vaccine. To find a place to get a seasonal flu shot now visit

<http://www.flucliniclocator.org/>

Complicating and sometimes confusing public health care information efforts is the Novel Influenza A H1N1. This is the new one, first referred to as "swine flu." It began to claim lives in Mexico last spring and moved north into the U.S. beginning in April and throughout the summer. From mid-April until the first week of September there were more than 10,000 hospitalizations and 593 deaths associated with novel H1N1 in the U.S., according to the CDC. In its most recent report, the CDC noted that the cases of novel H1N1 activity were elevated in all 10 geographic regions the CDC tracks. California is part of Region IX, and its caseload was elevated again last month.

Vaccine for H1N1 is being released to 90,000 providers around the country beginning Oct. 12, according to CDC. The distribution could be uneven. When vaccine does become available, youths under age 10 may have to get two doses. For availability, contact your pediatrician or family practice physician or monitor

So, to be best prepared for this flu season, you should be considering at least one flu shot for the seasonal flu, and one for the novel H1N1 strain. Even though H1N1 is the subject of the most publicity right now, don't overlook your need to get a seasonal flu shot. But be aware that a seasonal flu shot **WILL NOT** protect you from H1N1.

Though public health experts are still studying H1N1, there are indications certain segments of the population may get hit harder: children under 2, pregnant women, people with health problems such as asthma, diabetes and heart disease. Teens and young adults seem more vulnerable. Seasonal flu tends to hit older people the hardest, but not novel H1N1. Scientists think older people may have some immunity from exposure years earlier to viruses similar to swine flu.

The following questions, and the answers, are available on the Web sites of the California Department of Public Health and the CDC:

So what is H1N1?

Novel Influenza A (H1N1) virus (also referred to as "**pandemic (H1N1) 2009 virus**" or "swine flu") is a type of influenza (flu) virus that causes respiratory disease that can spread between people. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred. Spread of 2009 H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something - such as a surface or object - with flu viruses on it and then touching their mouth or nose.

The [2009 H1N1 vaccine](#) is expected to be available in mid-October. More specific dates cannot be provided at this time as vaccine availability depends on several factors including manufacturing time and time needed to conduct clinical trials. Monitor information from your provider and [local health department](#) to find out when and where the vaccine will be available.

What are the symptoms?

The [symptoms](#) of novel influenza A (H1N1) virus in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with novel influenza A (H1N1) virus. If you are sick or think you have novel influenza A (H1N1) virus infection, please contact your healthcare provider. Recommendations are available if you are [taking care of a sick person in your home](#) [ta](#).

Follow public health advice regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a 2009 H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

What can I do to protect myself and others from getting sick?

Though there is no vaccine available right now, there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- [Stay home if you are sick until you have been free of fever for at least 24 hours.](#) This is to keep from infecting others and spreading the virus further.

Who should get the H1N1 vaccination when it becomes available?

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it becomes available. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at

higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. About 4.5 million doses are headed for California initially. The first dosages will be distributed in spray mist form, followed by the traditional flu shots. In this setting, the committee recommended that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these target groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years.

For more information:

California Department of Public Health

www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx

[1 \(888\) 865-0564](tel:18888650564) , from 8 a.m. to 5 p.m. daily, or contact your [local health department](#) .

Seasonal Flu Clinic Locator

www.flucliniclocator.org/

Centers for Disease Control and Prevention

<http://cdc.gov/h1n1flu/>

